

Figure SC810.F33. Asbestos-Related Illness Checklist

**Evidence Required in Support of A
Claim for Asbestos-Related Illness**

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



If you are filing a claim based on exposure to asbestos, use this checklist to identify the information needed from you and your employing agency. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. List your employment history by employer, job title, and inclusive dates. Include non-Federal employment and military service (see attached questionnaire.)		9. Review and comment on the accuracy of the employee's description of work performed and exposure to asbestos and other substances.	
2. For each job title, describe the work you performed, the type of asbestos material used, locations where exposure occurred, period of exposure, number of hours per day and days per week exposed, and the types and frequency of safety precautions (mask, respirator, etc.) used (see attached questionnaire).		10. Provide exposure data, including air sample surveys or statements of the type of asbestos exposure, frequency, degree and duration for each job held. Air sample results should be reported in units of fiber/cc time weighted average. Also report concentrations of other pollutants and chemicals (see attached questionnaire).	
3. Describe any exposure you have had to other toxic substances. If none, state "None".		11. Give the date employee was last exposed to asbestos at work. If the employee was removed from exposure, give the circumstances.	
4. Describe any breathing or lung problems you have had in the past and treatment received (see attached questionnaire).		12. Attach copies of the employee's:	
5. Give your smoking history to include amount per day, and years (dates) you have smoked (see attached questionnaire).		a. SF-171, Application for Employment.	
6. Submit a report from your physician, including chest x-ray report, history, physical findings, diagnosis, opinion as to the relationship of the condition to employment, and course of treatment.		b. Position description with physical requirements for last job held.	
7. Give the date you first consulted a physician regarding respiratory or asbestos-related disease.		c. Job sheet and employment record.	
8. Submit reports of examination, treatment or hospitalization for any previous similar condition or pulmonary problem.		d. Pertinent dispensary records.	
		e. Most recent SF-50, Notification of Personnel Action.	
		f. Laboratory test results and chest x-ray reports on file.	
		13. Describe safety regulations and protective devices in use by employee, with period and frequency of use.	